

Foster Family Home - Corrective Action Report

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA

Review ID: 1-511289-6

91-1060 Hamana Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 1/3/2019

Foster Family Home

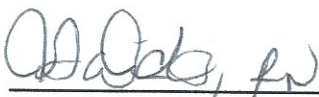
Required Certificate

[11-800-6]

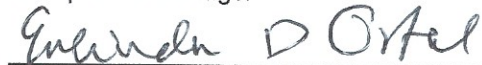
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

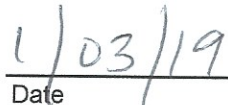
Home visit for a 2 person CCFFH recertification review made on 1/03/2019. Home in compliance with all requirements.

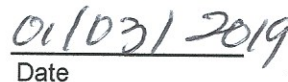


Compliance Manager



Primary Care Giver


Date


Date